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### \*\* CONTINUING DATA \*\*\*\*\*

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### \*\* FOREIGN APPLICATIONS \*\*\*\*\*

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### \*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

03/26/2007

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		SWITZERLAND	0	14	3

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### TITLE

Chemokine receptor antagonists

FILING FEE RECEIVED 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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